

Virtual Gateway**Electronic Application Summary****Application for Health and Human Services**

Application Number:	118073
Date:	October 11, 2006 11:38:54 AM

Programs

Applying for Programs:	State-Aided Public Housing
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Assisting Person Information

Who is providing information?	Household Member
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Head of Household Name and Address

Name:	test test
Street Number:	8
Street Name:	main
Suffix:	
Street Type:	
Unit:	
City:	boston
State:	Massachusetts
Zip Code:	02121
Housing Type:	Shelter
Homeless Indicator:	Yes
Please select a cause of homelessness:	Natural Forces (i.e. Fire, Flood, Earthquake)
Does the household have a different mailing address?	No
Day/Work Telephone Number:	617-988-3300
Evening/Home Telephone Number:	

Personal Information

Name:	test test
Applying for Programs:	State-Aided Public Housing
Demographic Information:	
Gender:	Female
Date of Birth (MM/DD/YYYY):	05/04/1968
Is this person a veteran of the US military?	No
Does this person have a Social Security Number?	Yes
Social Security Number:	010-87-9868
Ethnicity:	
Race(s):	
Current Situation	At Home Employed Full Time Student Handicapped (mental/physical) Other Part Time Student

Additional Personal Information

Has anyone in the household been convicted of a	No
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felony or misdemeanor?	
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Does anyone in the household have any criminal matters pending?	No
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Emergency Housing Information

Is the household without a place to live or is the household in a living situation in which there is a significant immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size?	Yes
If yes, please explain	test
Has the household made reasonable efforts to locate alternative housing?	Yes
If yes, please explain	TEST
Has the household caused or substantially contributed to the safety or life threatening situation?	Yes
If yes, please explain	TEST
Has the household pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies?	Yes
If yes, please explain	TEST
Is the household displaced from the residence in which the applicant household lived at least nine months of the year?	Yes
If yes, please explain	TEST
When did the household become, or will become displaced from the primary residence?	10/2006
Please select the name of the community in which the household would like to reside	Dorchester

Additional Housing Information

Has anyone in the household received housing assistance from any housing agency?	Yes
Select the type(s) of housing in which the household is interested:	Family
Does the household have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons?	No
Does the household need a wheelchair accessible apartment?	No
Does the household have any pets?	No

Local Housing Authority

Currently Selected Local Housing Authorities:	Boston HA Orient Heights Dennis HA Provincetown HA Boston HA Archdale
Is anyone in the household a Board Member, employee, or a member of the immediate family of an employee of any Local Housing Authority to which you are applying?	No

Residence Information

Household's Current Address Information:	
Street Number:	8
Street Name:	main
Suffix:	

Street Type:	
Unit:	
City:	boston
State:	Massachusetts
Zip Code:	02121
Who has lived at this residence address?	test test
Who was the primary leaseholder or head of household at this residence?	test test
Date Moved In:	10/2004
Date Moved Out:	
Landlord/Owner Information:	
Name:	LANDLORD LANDLORD
Daytime Telephone Number:	781-884-8794
Landlord/Owner Address :	
Street Number:	
Street Name:	
Suffix:	
Street Type:	
Unit:	
City:	
State:	
Zip Code:	
Did this landlord bring any court action against the leaseholder or any of its household members?	No
Did this landlord return the security deposit?	Yes

Previous Housing Assistance

Who in the household has received previous assistance?	test test
Name of primary leaseholder at the time of receiving housing assistance:	test test
Relationship of the primary leaseholder to the household person who received previous housing assistance?	Friend
Name of housing agency:	VIRTUAL GATEWAY
Reason moved out:	NON APPLICABLE
Was the household in compliance with the lease and other program requirements when moving out?	Yes

Salary/Wage Income Information

Does anyone in the household currently have salary/wage income (including self-employment)?	No
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Other Income Information

Does anyone in the household have other income?	No
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Expense Information

Does anyone in the household have expenses?	No
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Asset Information

Does anyone in the household have assets?	Yes
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Who has assets?	test test
Asset Category (Liquid, Holding, Insurance, etc.):	Liquid
Asset Type:	Individual Development Account
Asset Value/Amount:	\$1,000.00

Closed/Sold Asset Information

Has anyone in the household or a joint owner completely closed, sold, traded, or given away any assets in the last 3 months?	No
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Housing Contact Information

Emergency Contact	
Name:	TEST TEST
Relationship of this person to the applicant head of household:	Friend
PO Box:	
Street Number:	8
Street Name:	MAINS
Suffix:	
Street Type:	Street
Unit:	
City:	BOSTON
State:	Massachusetts
Zip Code:	02121
Day/Work Telephone Number:	617-988-3300
Home/Evening Telephone Number:	
Household References	
Reference 1 Name and Contact Information	
Name:	
Day/Work Telephone Number:	
PO Box:	
Street Number:	
Street Name:	
Suffix:	
Street Type:	
Unit:	
City:	
State:	
Zip Code:	
Reference 2 Name and Contact Information	
Name:	
Day/Work Telephone Number:	
PO Box:	
Street Number:	
Street Name:	
Suffix:	
Street Type:	
Unit:	
City:	
State:	
Zip Code:	